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PTO/SB/21 (09-04)

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	Application Number		flection of information unless it displays a valid OMB control 10/736,611		
TRANSMITTAL	Filing Date	Decembe	December 17, 2003		
FORM	First Named Inventor	Lara Svedberg et al			
	Art Unit	1711			
(to be used for all correspondence after initial fil	Examiner Name	Morton Foelak			
Total Number of Pages in This Submission	Attorney Docket Number	SVED212	3		
	ENCLOSURES (Check at	ll that appl	y)		
Fee Transmittal Form	Drawing(s)		After	Allowance Communication to TC	
Fee Attached	Licensing-related Papers			al Communication to Board peals and Interferences	
Amendment/Reply	Petition			al Communication to TC al Notice, Brief, Reply Brief)	
After Final Petition to Convert to a Provisional Application				letary Information	
Affidavits/declaration(s)	Power of Attorney, Revocation Change of Correspondence			s Letier	
Extension of Time Request	Terminal Disclaimer	AULIGO	Other	r Enclosure(s) (please Identify	
Express Abandonment Request	Request for Refund		LJ below	r):	
Information Disclosure Statement	CD, Number of CD(s)				
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Certified Copy of Priority	Remarks		<u> </u>		
Document(s) Reply to Missing Parts/					
Incomplete Application					
Reply to Missing Parts under 37 CFR 1.52 or 1.53					
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	RE OF APPLICANT, ATTO	DRNEY, C	RAGENT		
Firm Name White, Redway & Brown, LL	•			-	
Signature					
Printed name David J. Serbin				· · · · · · · · · · · · · · · · · · ·	
Date March 28, 2005		Reg. No.	30,589		
CEI	TIFICATE OF TRANSMISS	ION/MAI	LING		
I hereby certify that this correspondence is bein sufficient postage as first class mail in an envei the date shown below:	g facsimile transmitted to the USPT ope addressed to: Commissioner for	O or depos or Palents, F	ited with the Un 2.O. Box 1450,	ilted States Postal Service with Alexandria, VA 22313-1450 on	
Signature	1/1				
Typed or printed name	FRB.N		Date	03/28/2005	

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Reissue

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Name (Print/Type)

Signature

Provisional

Fee Description

2. EXCESS CLAIM FEES

Multiple dependent claims

300

200

Each independent claim over 3 (including Reissues)

Each claim over 20 (including Reissues)

150

100

PTO/SB/17 (12-04v2)

Approved for use through 07/31/2008. OMB 0851-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Panerwork Raduction Act of 1995, no nersons are required to reasond to a collection of in mation unless it displays a valid OMB control number Effective on 12/08/2004. Complete if Known Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). Application Number 1736 Filing Date For FY 2005 First Named Inventor Examiner Name Applicant claims small entity status. See 37 CFR 1.27 Art Unit TOTAL AMOUNT OF PAYMENT 1020.0 SVE Attorney Docket No. METHOD OF PAYMENT (check all that apply) Check Credit Card Money Order None Other (please identify); Deposit Account Deposit Account Number: 501348 Deposit Account Name: David Serbin For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) Indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments
under 37 CFR 1.16 and 1.17

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. **FEE CALCULATION** 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **FILING FEES** SEARCH FEES **EXAMINATION FEES** Small Entity Small Entity Small Entity **Application Type** Feo (\$) Fee (\$) Fog (\$) Fees Paid (\$) Fee (\$) Fee.(\$) Fee (\$) Utility 300 150 500 200 250 100 Design 200 100 100 50 130 65 Plant 200 100 300 150 160 80

Total Cialitis Extra Cialitis Fee Paid (3)	Multiple Dependent Claims	
\underline{ab} -20 or HP = $\underline{a7}$ x $\underline{\emptyset}$ = $\underline{\emptyset}$	Fee (\$)	Fee Pald (\$)
HP = highest number of total claims paid for, if greater than 20.		
Indep Claims Extra Claims Fee (5) Fee Paid (\$)		
HP = highest number of independent claims paid for, if greater than 3.		
3. APPLICATION SIZE FEE		
If the specification and drawings exceed 100 sheets of paper (excluding electronical	lly filed sequence	e or computer
listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for sm	all entity) for ea	ach additional 50
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).	• •	
<u>Intel Sheets</u> <u>Extra Sheets</u> <u>Number of each additional 50 or fraction to</u>	hereof Fee (\$	Fee Paid (\$)
100 = / 50 = (round up to a whole number	er) ×	=
4. OTHER FEE(S)		Fees Paid (\$)
Non-English Specification, \$130 fee (no small entity discount)		L 663 L 610 741
Other (e.g., late filing surcharge): Three Month Extension of	Time.	TRALAK
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serbin

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